

PART B - FEE(S) TRANSMITTAL

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Eric A. Stephenson	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/751,008	12/31/2003	Maria Theresa Barnes Leon	OIC0104US	5533

TITLE OF INVENTION: METHODS AND COMPUTER-READABLE MEDIUM FOR DETERMINING A PRODUCT MODEL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/30/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
MISIASZEK, MICHAEL	3625	705 026000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.303).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Campbell Stephenson LLP

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Stedai Systems, Inc.

San Mateo, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 1

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- ☐ A check is enclosed
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 592106 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ A. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ B. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date 12/31/2003

Typed or printed name Eric A. Stephenson

Registration No 38,321

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